

# APPLICATION FOR ENROLMENT



Please complete this application form and return to the AIRC. Please use block letters and  boxes as required.

Which course are you applying for? (Please tick one only)

RUV30304 Certificate III in Companion Animal Services

RUV40304 Certificate IV in Companion Animal Services

Skills Recognition (if you are applying for recognition of prior learning against the above course, please also tick this box)

## Personal Details

Title: Ms/Miss/Mr/Mrs

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

(if different to above)

Suburb

Phone (home): \_\_\_\_\_ Fax (home): \_\_\_\_\_

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Would you like to receive information on special offers / newsletters / workshops?  Yes  No

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Country of Birth: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Citizenship:  Australian Citizen  Australian Temporary Resident

Australian Permanent Resident  New Zealand Citizen

Are you of Aboriginal or Torres Strait Islander Origin?:  No  Yes

Do you have a permanent or significant disability?:  No  Yes If yes, please state: \_\_\_\_\_

Are you applying for enrolment under a Traineeship?:  Yes  No

If yes, what is the Apprenticeship Centre name?: \_\_\_\_\_

Apprenticeship Centre consultant name \_\_\_\_\_ Phone number: \_\_\_\_\_

Number of months you have been employed (with this organisation) continuously prior to entering this traineeship contract:

Full Time \_\_\_\_\_ Part time: \_\_\_\_\_

## Education Information

Highest qualifications already attained: \_\_\_\_\_

Institution: Year Completed: \_\_\_\_\_

Grade achieved at school: \_\_\_\_\_ Year Completed: \_\_\_\_\_

If you are attending Grade 10,11, or 12 in Queensland you must supply a LUI number (Learner Unique ID)

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## Employment Information

Employment Status:  Full Time  Part Time  Casual  Volunteer Hours worked per week: \_\_\_\_\_

Position Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Employer Name/s: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

(If different to above) Suburb

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Position: \_\_\_\_\_

Qualification/s: \_\_\_\_\_

Supervisors Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Certification

I hereby apply for enrolment in the

**Certificate III in Companion Animal Services**  **Certificate IV in Companion Animal Services**

**Skills Recognition**

and in so doing:

- A) I acknowledge that this enrolment application does not serve as an automatic entry into the nominated course. However, the submission of a fully completed enrolment application form together with appropriate enrolment/tuition fee payment will secure a position in the nominated course subject to full enrolment confirmation from AIRC.
- B) Should your application be unsuccessful, the AIRC will reimburse in full the enrolment/tuition fees according to the cancellation policy outlined in the appropriate Student Handbook.
- C) I confirm that I intend to gain extra underpinning knowledge and experience by attending the courses and/or working with other fellow staff to achieve current industry standards as outlined in the Animal Care and Management Training Package.
- D) I understand that it is at the discretion of the AIRC to assess and verify my level of competence in line with current industry standards.
- E) I agree to not reproduce or use my notes or AIRC materials except for use in study and place of employment. All materials are subject to copyright laws.
- F) I confirm I have read the Student Handbook (available on our website) and accept the terms, conditions and policies outlined within.
- G) I give permission to AIRC to discuss the progress of my training with my nominated mentor

Signed by Applicant \_\_\_\_\_ : Date: \_\_\_\_\_

If you were referred to our organisation, please indicate referral's details \_\_\_\_\_

AIRC 48 Bell-Are Avenue Northgate QLD 4013. Locked bag 1003 Northgate QLD 4013

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